

Enrollment In-Take

Please complete the following information to help us better serve you. Your privacy is important to us, and all information provided will be kept confidential.

Personal Information: (Please Print)

- First Name: _____
- Last Name: _____
- Date of Birth: _____
- Social Security Number: _____

Contact Information:

- Address: _____
- City/State/Zip: _____
- Home Phone: _____
- Cell Phone: _____
- Email: _____
- MyChart Sign-up: Yes or No

Additional Info:

- Race: _____
- Ethnicity: _____
- Preferred Language: _____
- Marital Status: _____
- Employment Status: Full-Time – Part-Time – Unemployed – Student – Retired
Other



Trinity Health Primary Care- Detroit

- Emergency Contact:

- Relationship:

- Emergency Contact Phone Number:

Insurance Information:

- Insurance Name: _____

- Member ID #: _____

By signing below, you acknowledge that the information provided is accurate and consent to its use for healthcare purposes.

Signature: _____ Date: _____

Please return this form to the front desk or a staff member fully completed. Thank you for choosing Trinity Health Primary Care – Detroit for your healthcare.